

DEC 07 2005



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Wright Medical Technology, Inc.
5677 Airline Road Arlington, TN 38002-9501
www.wmt.com


Date:	December 7, 2005		
To:	Mail Stop Amendment	Fax:	(571) 273-8300
From:	Patricia Powell	Fax:	(901) 867-4398
Number of pages including cover sheet:	43	Phone:	(901) 867-4542

Certificate of Transmission

Application No.: 10/691,800 Art Unit: 3738
Filed: 10/21/2003 Our Ref.: 702.154
For: Tissue Preserving and Minimally Invasive
Hip Replacement Surgical Procedure Examiner: Thomas Sweet
To: Mail Stop Amendment
Commissioner for Patents
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Amendment - 7 pgs.
Patent application WO03/057049 A1 - 7 pgs.
Patent application WO03/065906 A2 - 27 pgs.

By: 
Patricia Powell

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/691,800
	Filing Date	10/21/2003
	First Named Inventor	Murphy, et al.
	Art Unit	3738
	Examiner Name	Sweet, Thomas
	Attorney Docket Number	702.154
Total Number of Pages in This Submission		43

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): WO03/057049A1 WO03/065906A2
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Wright Medical Technology, Inc.	
Signature		
Printed name	Shawn D. Sentilles	
Date	12/07/2005	Reg. No. 38,299

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DEC 07 2005

APPLICANT: Stephen B. Murphy

SERIAL NO.: 10/691,800

FILING DATE: October 21, 2003

EXAMINER: Thomas J. Sweet

ART UNIT: 3738

ATTY. DOC. NO.: 702.154

TITLE: "TISSUE PRESERVING AND MINIMALLY INVASIVE HIP
REPLACEMENT SURGICAL PROCEDURE"

* * * * *

FILED VIA FACSIMILE (571-273-8300)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT A

Applicant responds as follows to the office action mailed September 7, 2005.

SN 10/691,8000

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